



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0258	1	Lewistown Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	215 7th Avenue South	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0259	1	Fergus H S	14	HS

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0264	15	Deerfield Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Route 3 Box 3139	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	594579513
Title	Date	

Send completed form to:
School Accounting and Budgeting
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Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0268	27	Grass Range Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 58	
Printed Name of Authorized Official	City	Zip Code
	Grass Range	59032
Title	Date	

Send completed form to:
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Helena, MT 59620-2501

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Superintendent
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0269	27	Grass Range H S	14	HS

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	PO Box 58	
Printed Name of Authorized Official	City	Zip Code
	Grass Range	59032
Title	Date	

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Helena, MT 59620-2501

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Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0272	40	King Colony Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Route 2 Box 2288	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0273	44	Moore Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	509 Highland	
Printed Name of Authorized Official	City	Zip Code
	Moore	59464
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2004	Date Approved
	Signature



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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0274	44	Moore H S	14	HS

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	509 Highland	
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	Moore	59464
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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	Signature



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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0280	74	Roy K-12 Schools	14	K12

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 9	
Printed Name of Authorized Official	City	Zip Code
	Roy	59471
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0281	84	Denton Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1048	
Printed Name of Authorized Official	City	Zip Code
	Denton	59430
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0282	84	Denton H S	14	HS

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	PO Box 1048	
Printed Name of Authorized Official	City	Zip Code
	Denton	59430
Title	Date	

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0288	104	Spring Creek Colony Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1185	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457
Title	Date	

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Helena, MT 59620-2501

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Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0291	115	Winifred K-12 Schools	14	K12

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	Box 109	
Printed Name of Authorized Official	City	Zip Code
	Winifred	59489
Title	Date	

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Helena, MT 59620-2501

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	Signature



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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1218	222	Ayers Elem	14	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 100 Hwy 87 W #106	
Printed Name of Authorized Official	City	Zip Code
	Grass Range	59032
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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